

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County YavapaiState ARIZONATownship Clemenceau

or Village

City Clemenceau No. St. Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

{ If child is not yet named, make supplemental report, as directed

2. Full name of child

Marta Macias

3. Sex <u>Female</u>	If plural births <u> </u>	4. Twin, triplets, or other <u> </u>	6. Premature <u> </u>	7. Is mother married? <u>Yes</u>	8. Date of birth <u>December 28, 1937</u> (Month, day, year)
		5. Number, in order of birth <u> </u>	Full term <u>X</u>		

9. Full name <u>Jose</u>	FATHER <u>Macias</u>	18. Full maiden name <u>Maria</u>	MOTHER <u>Valencia</u>
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10. Residence (usual place of abode) (If non-resident, give place and State) <u>Clemenceau</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Clemenceau</u>
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11. <u>Mexican</u>	12. Age at last birthday <u>32</u> (Years)	20. Color or race <u>Mexican</u>	21. Age at last birthday <u>25</u> (Years)
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13. Birthplace (city or place) (State or Country) <u>Mexico</u>	22. Birthplace (city or place) (State or Country) <u>Mexico</u>
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14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Smelter work</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
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15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Copper</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u> </u>
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16. Date (month and year) last engaged in this work <u>Present</u>	17. Total time (years) spent in this work <u>15</u>	25. Date (month and year) last engaged in this work <u> </u>	26. Total time (years) spent in this work <u> </u>
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27. Number of children of this mother (At time of this birth and including this child) <u>5</u> Five	(a) Born alive and now living <u>5</u>	(b) Born alive but now dead <u>0</u>	(c) Stillborn <u>0</u>
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28. If stillborn, period of gestation <u> </u> months or weeks	29. Cause of stillbirth <u> </u>	Before labor <u> </u>	During labor <u> </u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

born alive at 9 AM m. on the date above stated

(Born alive or stillborn)

I hereby certify that I attended the birth of this child, who was born alive at 9 AM m. on the date above stated

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) J. M. Walsh M. D.or Clarkdale, Arizona MidwifeGiven name added from a supplemental report (Date of) Address Clarkdale, ArizonaFiled Jan 11, 1938 Chas. D. Willard Registrar

Registrar.

N 442-1228-451

SEPARATE RETURN must be made for each, and the number of each in order of birth stated.